

BILLING PROCEDURE FOR IN-PATIENT HOSPITAL SERVICES

19-1

All billings submitted for in-patient hospital services provided in accordance with this Alternative Reimbursement Plan must comply with the policy of the Rhode Island Medical Assistance Program which has been in effect since its inception on July 1, 1966.

The MA-542 Request for Payment for MA Hospitalization billing form will be completed in the following manner upon the discharge of an eligible Medical Assistance recipient from the hospital:

1. Patient identification information
2. The treatment provided and the final diagnosis (es)
3. The date of admission, date of discharge and total number of days of care
4. The approved room and board rate for the level of care provided
5. A separate total charge for each ancillary service area, i.e., laboratory, pharmacy, etc.

The Rhode Island Medical Assistance Program retains the right to request in certain selected cases an itemized breakdown, the individual charge slips or written requests used by the appropriate medical personnel to support the total charge for an ancillary service. This mechanism of documenting the medical necessity of an unusually high expenditure for ancillary services is done on an individual consideration basis and is part of the ongoing utilization review process mandated by Federal regulations.

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